



HUMAN RESOURCES DEPARTMENT  
FORT BEND COUNTY, TEXAS

Kent M. Edwards, PHR  
Director of Human Resources

TO: Judge Robert Hebert  
Commissioner Richard Morrison  
Commissioner Grady Prestage  
Commissioner Andy Meyers  
Commissioner James Patterson

FROM: Kathy Novosad  
Human Resources Generalist

SUBJECT: Commissioners Court Agenda Item  
Withdrawal Application, Shared Sick Leave Pool  
For February 12, 2013

DATE: February 4, 2013

As provided by the Fort Bend County Employee Information Manual Section 712, Shared Sick Leave Pool, the administrative committee of the Pool is submitting this request for the Commissioners Court agenda. The committee has reviewed the withdrawal applications and finds the employees to be eligible to withdraw hours from the Pool. The committee recommends withdrawal as follows:

<b>Employee of CSCD, Position # 5701-0087</b>	<b>32 hours</b>
<b>Employee of Road and Bridge, Position # 6111-0126</b>	<b>90 hours</b>
<b>Employee of Clinical Health, Position # 6301-0036</b>	<b>80 hours</b>

Please contact Kathy Novosad at 281-341-8624 if you have any questions.

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO: Shared Sick Leave Pool Administrator  
c/o Human Resources Department

FROM: \_\_\_\_\_ DEPARTMENT NAME: Fort Bend Co. CSCD

DATE: 01-22-13

SUBJECT: Withdrawal from Shared Sick Leave Pool

I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I estimate that the amount of sick leave needed will be 32 hours.

I am a member of the Shared Sick Leave Pool, having made the minimum donation of 8 hours of sick leave. I understand that I must first exhaust all of my own accrued sick and vacation leave prior to withdrawing from the Pool. I also understand that I must meet the criteria as specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual, in order to withdraw from the Pool.

I have attached the FMLA form *Certification of Health Care Provider* in support of my request.

Requestor's Signature: \_\_\_\_\_ Date: 01-22-13

Department Head Signature: Michael Gray Date: 1/29/13

For Pool Admin Use Only	
Date of committee review:	
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

Current Position:	5701-0087
Length of Service:	11y5m
Date began FMLA:	1/11/2012
FMLA hrs remaining	430
Sick Leave used:	5
Vacation used:	12
Comp Used:	0.00
Prev Pool Withdraw	0

FORT BEND COUNTY EMPLOYEE INFORMATION MANUAL

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO: Shared Sick Leave Pool Administrator  
c/o Human Resources Department

FROM: \_\_\_\_\_ -DEPARTMENT NAME: R+B 6111-0

DATE: 1-25-13

SUBJECT: Withdrawal from Shared Sick Leave Pool

I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I estimate that the amount of sick leave needed will be 90 hours.  
*ADDITIONAL*

I am a member of the Shared Sick Leave Pool, having made the minimum donation of 8 hours of sick leave. I understand that I must first exhaust all of my own accrued sick and vacation leave prior to withdrawing from the Pool. I also understand that I must meet the criteria as specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual, in order to withdraw from the Pool.

I have attached the FMLA form *Certification of Health Care Provider* in support of my request.

Requestor's Signature: [Signature] Date: 1/25/13

Department Head Signature: [Signature] Date: 1/25/13

For Pool Admin Use Only	
Date of committee review:	
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

FORT BEND COUNTY  
SHARED SICK LEAVE POOL WITHDRAWAL FORM

TO: Shared Sick Leave Pool Administrator  
c/o Human Resources Department

FROM: \_\_\_\_\_ DEPARTMENT NAME: AHS

DATE: 1-31-2013

SUBJECT: Withdrawal from Shared Sick Leave Pool

I am requesting approval to withdraw sick leave from the Shared Sick Leave Pool for the purpose of covering time spent away from work due to my serious medical condition. I estimate that the amount of sick leave needed will be 80 hours.

I am a member of the Shared Sick Leave Pool, having made the minimum donation of 8 hours of sick leave. I understand that I must first exhaust all of my own accrued sick and vacation leave prior to withdrawing from the Pool. I also understand that I must meet the criteria as specified in Section 712, Shared Sick Leave Pool, of the Employee Information Manual, in order to withdraw from the Pool.

I have attached the FMLA form *Certification of Health Care Provider* in support of my request.

Requestor's Signature: \_\_\_\_\_ Date: 1-31-2013

Department Head Signature: [Signature] Date: 1-31-13

For Pool Admin Use Only	
Date of committee review:	
Court approval date:	
Payroll notified:	
Department notified:	
Employee notified:	

Current Position:	6301-0036
Length of Service:	5y9m
Date began FMLA:	1/18/2013
FMLA hrs remaining	440
Sick Leave used:	2
Vacation used:	54
Comp Used:	0.00

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